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Section

506.001: Introduction

(A) 130 CMR 506.000 describes the rules governing financial eligibility for MassHealth. These rules are based on the size of the family group and countable income.

(B) The formula for income standards used in the determination of financial eligibility, the deductible income standards, the premiums for Family Assistance and CommonHealth, and the Family Assistance premium assistance payment formulas are also contained in 130 CMR 506.000.

506.002: Financial Responsibility

In determining eligibility for MassHealth, the gross income of all family group members is counted and compared to an income standard based on the family group size. Caretaker relatives and parents of children under age 19 who are pregnant or who are parents may choose whether or not to be part of the child's family group. Family groups are comprised of families, couples, or individuals, as defined in 130 CMR 501.001.

506.003: Countable Income

Eligibility is based on the family group's gross countable earned and unearned income as defined in 130 CMR 506.003, except as described in 130 CMR 506.003(C) below.

(A) Gross Earned Income.

(1) Gross earned income is the total amount of compensation received for work or services performed without regard to any deductions.

(2) Gross earned income for the self-employed is the total amount of business income listed or allowable on a U.S. Tax Return.

(3) Seasonal income is income derived from an income source that is associated with a particular time of the year. Annual gross income is divided by 12 to obtain a monthly gross income with the following exception: if the applicant or member has a disabling illness or accident during or after the seasonal employment period that prevents the person's continued or future employment, only current income will be considered in the eligibility determination.

(B) Gross Unearned Income.

(1) Gross unearned income is the total amount of income that does not directly result from the individual's own labor before any income deductions are made.

(2) Unearned income includes, but is not limited to, social security benefits, railroad retirement benefits, pensions, annuities, federal veterans' benefits, and interest and dividend income.

(C) Rental Income. Rental income is the total amount of gross income less any deductions listed or allowable on an applicant's or member's U.S. Tax Return.

506.004: Noncountable Income

The following types of income are noncountable in the determination of eligibility.

(A) Income received by a TAFDC, EAEDC, or SSI recipient.

(B) Sheltered workshop earnings.

(C) The portion of federal veterans' benefits identified as aid and attendance benefits, unreimbursed medical expenses, housebound benefits, or enhanced benefits.

(D) Income-in-kind.

(E) Roomer and boarder income derived from persons residing in the applicant's or member's principal place of residence.

(F) Any other income that is excluded by federal laws other than the Social Security Act.

506.005: Verification of Income

(A) Verification of gross monthly earned income is mandatory and shall include, but not be limited to, the following:

(1) two recent paystubs;

(2) a signed statement from the employer; or

(3) the most recent U.S. Tax Return.

(B) Verification of gross monthly unearned income is mandatory and shall include, but not be limited to, the following:

(1) a copy of a recent check or paystub showing gross income from the source;

(2) a statement from the income source, where matching is not available; or

(3) the most recent U.S. Tax Return.

(C) Verification of gross monthly income may also include any other reliable evidence of the applicant's or member's earned or unearned income.

506.006: Transfer of Income

All family group members are required to avail themselves of all potential income.

(A) If the Division determines that income has been transferred for the primary purpose of establishing eligibility for MassHealth, the income is counted as if it were received.

(B) If the Division is unable to determine the amount of available income, the family group remains ineligible until such information is made available.

506.007: Calculation of Financial Eligibility

(A) The financial eligibility for various MassHealth coverage types is determined by comparing the family group's gross monthly income with the applicable income standard for the specific coverage. In determining gross monthly income, the Division multiplies average weekly income by 4.333.

(B) Generally, eligibility is based on 100 percent of the federal-poverty level for long-term unemployed adults, 133 percent of the federal-poverty level for parents, disabled nonworking adults, and persons who are HIV positive, and 200 percent of the federal-poverty level for children and pregnant women, as well as for adults working for qualified employers. Disabled persons with income in excess of these applicable standards may be eligible for MassHealth CommonHealth. There is no income cap for premium-based CommonHealth.

(C) The monthly federal-poverty-level income standards are determined according to annual standards published in the *Federal Register* using the following formula. The Division adjusts these standards in April of each calendar year.

(1) Divide the annual federal-poverty-level income standard as it appears in the *Federal Register* by 12.

(2) Multiply the unrounded monthly income standard by the applicable federal-poverty-level standard.

(3) Round up to the next whole dollar to arrive at the monthly income standards.

506.008: Cost-of-Living Adjustment (COLA) Protections

Members whose income increases each January as the result of a COLA remain eligible until the subsequent federal-poverty-level adjustment.

506.009: The One-Time Deductible

(A) Eligibility Requirements. Disabled adults described in 130 CMR 505.004(C) may establish eligibility for MassHealth CommonHealth by meeting a one-time-only deductible. Once a deductible has been met, the person may be assessed a premium in accordance with the premium schedule in 130 CMR 506.011(I). Once the deductible has been met, the person is not required to meet another deductible if there is a lapse in CommonHealth coverage.

(B) Definition of the Deductible. The deductible is the total dollar amount of incurred medical expenses that an applicant, whose family group gross income exceeds 133 percent of the federal-poverty level, must be responsible for before MassHealth eligibility is established.

(C) The Deductible Period. The deductible period is a six-month period beginning on the date established in accordance with 130 CMR 505.004(I).

(D) Calculating the Deductible. The amount of the deductible is determined by comparing the gross monthly income of the family group to the MassHealth CommonHealth Monthly Deductible Income Standards provided in the chart below and multiplying the difference by six.

THE MASSHEALTH COMMONHEALTH
MONTHLY DEDUCTIBLE INCOME STANDARDS

Family Group Size	Income Standards
1	542
2	670
3	795
4	911
5	1036
6	1161
7	1286
8	1403
9	1528
10	1653
	+ 133 for each additional person

(E) Notification of the Deductible.

(1) Except as provided in 130 CMR 501.003(C), the applicant who has excess monthly income shall be informed that he or she is currently ineligible for MassHealth, but may establish eligibility by meeting the deductible. The applicant shall be informed in writing of the following:

(a) the deductible amount; and

(b) the start and end dates of the deductible period.

(2) A person who meets a deductible shall be eligible for MassHealth CommonHealth effective with the begin date of the deductible period.

(F) Persons Deemed to Have Met a Deductible. The following disabled adults shall be considered to have met a deductible.

(1) Those who were receiving MassHealth on July 1, 1997 as the result of meeting a deductible.

(2) Those who were denied eligibility with a deductible prior to July 1, 1997, but who submit medical bills on or after July 1, 1997 to meet the deductible.

(G) Submission of Bills to Meet the Deductible.

(1) Criteria. To establish eligibility, the applicant must submit verification of medical or remedial bills whose total equals or exceeds the deductible and that meets the following criteria.

(a) The bill must not be subject to further payment by health insurance or other liable third-party coverage, including the Uncompensated Care Pool.

(b) The bill must be for an allowable medical or remedial expense as provided in 130 CMR 506.009(G)(2). A remedial expense is a nonmedical support service made necessary by the medical condition of any individual in the family group.

(c) The bill must be unpaid and a current liability, or, if paid, was paid during the six-month deductible period.

(d) The bill may not be for one of the following services:

(i) cosmetic surgery;

(ii) rest-home care;

(iii) weight-training equipment;

(iv) massage therapy;

(v) special diets; and

(vi) room and board charges for individuals in residential programs.

(2) Expenses Used to Meet the Deductible.

(a) Bills to meet the deductible are applied in the following order:

(i) Medicare and other health insurance premiums credited prospectively for the cost of six month's coverage;

(ii) expenses incurred by any member of the family group for necessary medical and remedial-care services that are recognized under state law but are not covered by MassHealth, including guardianship fees and related expenses as defined at 130 CMR 515.001, and described in and allowed under 130 CMR 520.026(E)(3); and

(iii) expenses incurred by any member of the family group for necessary medical and remedial-care services that are covered by MassHealth.

(b) Any bills or portions of bills that are used to meet the deductible are not paid by MassHealth and remain the responsibility of the applicant.

506.010: Verification of Medical and Remedial-Care Expenses

(A) Medical or remedial-care expenses must be verified by a bill or written statement from a health-care provider with the exception of expenses for nonprescription drugs, which must be verified by a receipt from the provider of the drug.

(B) Verifications must include all of the following information:

(1) the type of service provided;

(2) the name of the person for whom the service was provided;

(3) the amount charged for the service including the current balance; and

(4) the date of service.

506.011: MassHealth Standard, CommonHealth, and Family Assistance Premiums

(A) MassHealth Standard, CommonHealth, and Family Assistance Premiums. MassHealth may charge a premium to certain disabled MassHealth Standard members with incomes above 114 percent of the federal poverty level and to certain other MassHealth Standard members with incomes above 133 percent of the federal poverty level, including women with breast and cervical cancer who receive Standard in accordance with 130 CMR 505.002(H). MassHealth may charge a premium to certain MassHealth CommonHealth and Family Assistance members with incomes above 100 percent of the federal poverty level. Only one premium per family group will be assessed. Certain members are exempt from paying premiums, in accordance with 130 CMR 506.011(K).

(1) MassHealth Standard premiums for children and disabled members are based on family group gross countable income, family group size as it relates to the federal poverty level guidelines, and whether or not the member has other health insurance. Premiums for women with breast and cervical cancer are based on family group gross countable income and family group size as it relates to the federal poverty guidelines.

(2) MassHealth CommonHealth premiums are based on family group gross countable income, family group size as it relates to the federal poverty level income guidelines, and whether or not the member has other health insurance.

(3) MassHealth Family Assistance premiums for the purchase of medical benefits, as described in 130 CMR 505.005(E), are based on the number of eligible members in the family group.

(4) When the family group contains members in more than one coverage type who are responsible for a premium or member share, the family group is responsible for only the higher premium amount or member share.

(B) Premium Payments. MassHealth may charge monthly premiums to persons described in 130 CMR 501.006, 505.002(C)(2), (F)(2), and (H), 505.004(B), (C), (D), and (E), and 505.005(B)(3), (E), (F), and (G).

(1) Persons described in 130 CMR 501.006, 505.002(C)(2), (F)(2), and (H), 505.004(B), (C), (D), and (E), and 505.005(B)(3), (E), (F), and (G) who are assessed a premium are responsible for monthly premium payments beginning with the calendar month following the date of MassHealth's eligibility determination.

(2) Persons described in 130 CMR 505.004(C) who are assessed a premium, are responsible for monthly premium payments beginning with the calendar month following the date the deductible period ends, or the calendar month following the month in which the member has verified that the deductible has been met, whichever is later.

(3) Members who are assessed a revised premium as the result of a reported change, or any adjustment in the premium schedule are responsible for the new premium payment beginning with the calendar month following the reported change.

(4) Members who have been assessed premiums but who are subsequently determined eligible for a coverage type other than Standard, CommonHealth, or Family Assistance are not charged a premium for the calendar month in which the coverage type changes or thereafter.

(C) Delinquent Premium Payments. If MassHealth has billed a member for a premium payment, and the member does not pay all of the amount billed within 60 days of the date on the bill, then the member's eligibility for benefits is terminated, except as provided below. The member will be sent a notice of termination before the date of termination. The member's eligibility will not be terminated if, before the date of termination, the member:

(1) pays all amounts that have been billed 60 days or more before the date such payment is made; or

(2) establishes a payment plan acceptable to MassHealth. After such a payment plan has been established, MassHealth bills the member for:

(a) payments in accordance with the payment plan; and

(b) monthly premiums due subsequent to the establishment of the payment plan. If the member does not make payments in accordance with the payment plan within 30 days of the date on the bill, the member's eligibility is terminated. If the member does not pay monthly premiums due subsequent to the establishment of the payment plan within 60 days of the date on the bill, the member's eligibility is terminated.

(D) Reactivating Coverage Following Termination Due to Delinquent Payment.

(1) If no waiting list has been established pursuant to 130 CMR 501.003(C) and (D), after the member has paid in full all payments due, or has established a payment plan with MassHealth, MassHealth will reactivate coverage.

(2) If a waiting list has been established, adults (aged 19 or older) whose eligibility has been terminated due to nonpayment of premiums will be placed on the waiting list upon payment of all payments due. They will not be allowed to reenroll until MassHealth is able to reopen enrollment for those placed on the waiting list. When MassHealth is able to open enrollment for those on the waiting list, their eligibility will be processed in the order they were placed on the waiting list.

(E) Waiver of Outstanding Premium Payments. If a member whose eligibility has been terminated due to nonpayment of premiums reapplies and is determined eligible for MassHealth after 24 months, the outstanding premium payments are waived.

(F) Waiver or Reduction of Premiums for Extreme Financial Hardship.

(1) Extreme financial hardship means that the member has shown to the satisfaction of MassHealth that the member:

(a) is homeless, or is more than 30 days in arrears in rent or mortgage payments, or has received a current eviction or foreclosure notice;

(b) has a current shut-off notice, or has been shut off, or has a current refusal to deliver essential utilities (gas, electric, oil, water, or telephone);

(c) has medical and/or dental expenses that total more than 7.5% of the family group's gross annual income that have not been paid by a third party insurance, including MassHealth; or

(d) has experienced a significant, unexpected increase in essential expenses within the last six months.

(2) If MassHealth determines that the requirement to pay a premium results in extreme financial hardship for a member, MassHealth may, in its sole discretion, waive payment of the premium or reduce the amount of the premiums assessed to a particular family.

(3) Hardship waivers will be authorized for six months. At the end of the six-month period, the member may submit another request. Requests for premium relief should be addressed to MassHealth.

(G) Voluntary Withdrawal. If a member voluntarily withdraws, coverage continues through the end of the calendar month of withdrawal. The member is responsible for the payment of all premiums through the calendar month of withdrawal.

(H) Change in Premium Calculation. The premium amount is recalculated when MassHealth is informed of changes in income, family group size, or health-insurance status, and whenever an adjustment is made in the CommonHealth premium schedule, the Standard premium schedule, or the Family Assistance premium amount for the purchase of medical benefits.

(I) The Monthly MassHealth Standard and CommonHealth Premium Schedule. 130 CMR 506.011(I) provides the formulas that MassHealth uses to determine the monthly premiums for people who are receiving MassHealth Standard or CommonHealth, and for certain MassHealth Family Assistance members who are HIV positive.

(1) Monthly Full Premium Formula for CommonHealth and Certain Family Assistance Members Receiving Benefits under 130 CMR 505.005(F) and (G). Full payment is required of members who have no health insurance and of members for whom MassHealth is paying a portion of their health-insurance premium. The full premium formula is provided below.

FULL PREMIUM FORMULA

Base Premium	**Additional Premium Cost**	**Range of Premium Cost**
Above 100% to 150%	$15 per family group	$15
Above 150% FPL—start at $15	Add $5 for each additional 10% FPL until 200% FPL	$15 — $35
Above 200% FPL—start at $40	Add $8 for each additional 10% FPL until 400% FPL	$40 — $192
Above 400% FPL—start at $202	Add $10 for each additional 10% FPL until 600% FPL	$202 — $392
Above 600% FPL—start at $404	Add $12 for each additional 10% FPL until 800% FPL	$404 — $632
Above 800% FPL—start at $646	Add $14 for each additional 10% FPL until 1000%	$646 — $912
Above 1000% FPL—start at $928	Add $16 for each additional 10% FPL	$928 + greater

(2) Monthly Supplemental Premium Formula. A lower supplemental payment is required of members who have health insurance to which MassHealth does not contribute. The supplemental premium formula is provided below.

SUPPLEMENTAL PREMIUM FORMULA

% of Federal Poverty Level (FPL)	**Premium Cost**
Above 100% to 150%	60% of full premium
Above 150% to 200%	60% of full premium
Above 200% to 400%	65% of full premium
Above 400% to 600%	70% of full premium
Above 600% to 800%	75% of full premium
Above 800% to 1000%	80% of full premium
Above 1000%	85% of full premium

(3) Monthly Premium Schedule for Standard Disabled (Not Applicable for Parents and Children).

% of Federal Poverty Level (FPL)	Premium Cost
Up to 114%	No premium
Above 114%	$12 per family group
Supplemental Premium	60% of full premium

(4) Monthly Premium Schedule for Standard Children.

% of Federal Poverty Level (FPL)	Premium Cost
Above 133% to 150%	$12 per child to $15 maximum per family group
Supplemental Premium	60% of full premium

(5) Monthly Premium Schedule for Women with Breast or Cervical Cancer. Women with breast or cervical cancer who are described at 130 CMR 505.002(H) and have income above 133 percent of the federal poverty level in accordance with DPH requirements as certified by DPH to MassHealth are assessed a monthly premium in accordance with the following premium schedule.

% of Federal Poverty Level (FPL)	Premium Cost
Above 133% to 160%	$15
Above 160% to 170%	$20
Above 170% to 180%	$25
Above 180% to 190%	$30
Above 190% to 200%	$35
Above 200% to 210%	$40
Above 210% to 220%	$48
Above 220% to 230%	$56
Above 230% to 240%	$64
Above 240% to 250%	$72

(J) Monthly Family Assistance Premiums for the Purchase of Medical Benefits.

(1) MassHealth Family Assistance members with income greater than 150 percent up to 200 percent of the federal poverty level for whom MassHealth purchases medical benefits under 130 CMR 505.005(B)(3) and (E) are assessed a monthly premium of $12 per child, with a maximum of $36 per family.

(2) MassHealth Family Assistance members with income between 100 and 150 percent of the federal poverty level for whom MassHealth purchases medical benefits under 130 CMR 505.005(B)(3) and (E) are assessed a monthly premium of $12 per child, with a maximum of $15 per family.

(K) Members Exempted from Premium Payment. The following members are exempt from premium payments.

(1) Members who are eligible under section 1634 of the Social Security Act as a disabled adult child or as a disabled widow or widower, or who are eligible under the provisions of the Pickle Amendment, as described in 130 CMR 519.003.

(2) Pregnant women and children under the age of six who are receiving MassHealth Standard.

(3) MassHealth Family Assistance members who are American Indians or Alaska Natives, as defined in 130 CMR 501.001.

506.012: Family Assistance Premium Assistance Payments

(A) Requirements.

(1) The Division makes monthly payments toward the cost of employer-sponsored health insurance for members who meet the requirements of 130 CMR 505.005(B), (C), and (D). The Division makes only one premium assistance payment per policy. The amount of the Division's payment is based on the following information:

(a) the total cost of the member's health insurance premium;

(b) the employer share of the member's health insurance premium; and

(c) the Division's estimated member share of the health insurance premium.

(2) Premium assistance payments are made directly each month to the policyholder for members meeting the requirements of 130 CMR 505.005(B) and (D), except as provided in 130 CMR 506.012(A)(3). Proof of health insurance premium payments may be required.

(3) Members meeting the requirements of 130 CMR 505.005(C), as well as members meeting the requirements of 130 CMR 505.005(B) and (D) whose employer-sponsored health insurance is from a qualified employer, have premium assistance payments made monthly on their behalf to either their employer or their health insurance carrier. The qualified employer must reduce the member's payroll deduction by the amount of the premium assistance payment.

(4) Members whose premium assistance amount changes as the result of a reported change or any adjustment in the premium assistance payment formula receive the new premium assistance payment beginning with the calendar month following the reported change.

(5) Members who become eligible for a different coverage type receive their final premium assistance payment in the calendar month in which the coverage type changes. The Division may continue to pay the health insurance premiums of certain members in accordance with 130 CMR 507.003 if it determines it is cost effective to do so.

(6) Members who are American Indians or Alaska Natives, as defined in 130 CMR 501.001, receive premium assistance payments totaling the full-employee share, to the extent that it is cost effective for the Division. If it is not cost effective for the Division, these members may choose to accept a premium assistance amount that is lower than the full-employee share, or they may choose to enroll in the purchase of medical benefits under MassHealth Family Assistance.

(B) Voluntary Withdrawal. If a member voluntarily withdraws, the Division's premium assistance payments end.

(C) Change in Premium Assistance Calculation. The premium assistance amount is recalculated when the Division is informed of changes in family group size, health insurance premium, employer contribution, and whenever an adjustment is made in the premium assistance payment formula.

(D) The Monthly Premium Assistance Payment Formula for Children. The premium assistance payment calculation in 130 CMR 506.012(D) provides a formula for determining the Division's premium assistance payment amount for children, and the monthly amount members are required to pay towards their health insurance premiums.

(1) Actual Premium Assistance Payment Amount. The actual premium assistance payment amount is calculated by using the following formula.

(a) The estimated premium assistance payment amount is first determined by subtracting the employer share of the policyholder's health insurance premium and the Division's estimated member share of the health insurance premium from the total cost of the health insurance premium. The estimated member share is $12 per child with a maximum of $36 per family.

(b) The resulting estimated premium assistance payment amount is then compared to the cost-effective amount, as described below:

(i) if the family member is employed by a small employer as described at 130 CMR 501.001, the estimated premium assistance payment amount is compared to the cost-effective amount, which is the Division's cost of covering the family group members who are beneficiaries of the insurance; or

(ii) if the family member is employed by a large employer as described at 130 CMR 501.001, the estimated premium assistance payment amount is compared to the cost-effective amount, which is the Division's cost of covering MassHealth-eligible children who would be covered by the insurance.

(c) If the estimated premium assistance payment amount is less than the cost-effective amount, then the Division sets the actual premium assistance payment amount at the estimated premium assistance payment amount.

(d) If the estimated premium assistance payment amount is equal to or greater than the cost-effective amount, then the Division sets the actual premium assistance payment amount at the cost-effective amount.

(2) Member Assignment. If the Division determines that a policyholder's share of the health insurance premium including any remaining premium, as described in 130 CMR 506.012 (D)(3)(b), would exceed five percent of the family group's gross income, the member must enroll in the purchase of medical benefits under MassHealth Family Assistance. This assignment is limited to those uninsured members who have access to health insurance.

(3) Estimated Member Share of Premium.

(a) Families are responsible for paying $12 per Family Assistance-eligible child, with a maximum of $36 per family toward the cost of covering their Family Assistance-eligible children under their employer-sponsored health insurance.

(b) If the actual premium assistance payment amount is set at the cost-effective amount, the family is also responsible for payment of the remainder of the health insurance premium, which is the difference between the estimated premium assistance payment and the cost-effective amount. The additional premium payment responsibility reflects coverage of additional family members who are not eligible for Family Assistance.

(4) Example. A parent and two children apply for MassHealth. Their family group gross monthly income exceeds 150 percent, but is no greater than 200 percent of the federal poverty level based on a family of three. The parent works for a small employer.

(a) The total monthly cost of the health insurance premium = S.

(b) The employer's monthly share of the health insurance premium = T.

(c) The Division's estimated member share of the monthly health insurance premium = U. (See 130 CMR 506.012(D)(1)(a).)

(d) Calculation

(i) Calculating the estimated premium assistance payment amount:

S = (total cost of premium)
- T = (employer's share of the cost)
V = (employee's share of the cost)
- U = (Division's estimated member share of the cost)
W = (estimated premium assistance payment amount)

(ii) Small employer cost-effective test: W is compared to the Division's cost of covering the three family group members as follows:

X = the Division's monthly cost of covering members

X x 3 members = Y (Division's monthly cost-effective amount)

If W is less than Y, the Division sets the actual premium assistance payment amount at W.

If W is equal to or greater than Y, the Division sets the premium assistance payment amount at Y.

(iii) Large employer cost-effective test: If the parent works for a large employer, then W is compared to the cost of covering only the children in the family group under MassHealth.

X x 2 children = Z (Division's monthly cost-effective amount)

If W is less than Z, the Division sets the actual premium assistance payment amount at W.

If W is equal to or greater than Z, the Division sets the premium assistance payment amount at Z.

(E) The Monthly Premium Assistance Payment Formula for Adults. The premium assistance payment calculation in 130 CMR 506.012(E) provides a formula for determining the Division's premium assistance payment amount for adults who are employed by qualified employers, and the monthly amount members are required to pay toward their health insurance premiums. Adults whose children receive premium assistance in accordance with 130 CMR 505.005(B) or (D), or Health Insurance Premium Program (HIPP) payments in accordance with 130 CMR 507.003 have their premium assistance payments determined in accordance with 130 CMR 506.012(D).

(1) Actual Premium Assistance Payment Amount. The actual premium assistance payment amount is calculated by using the following formula.

(a) The estimated premium assistance payment amount is first determined by subtracting the employer share of the policyholder's health insurance premium and the Division's estimated member share of the health insurance premium from the total cost of the health insurance premium. The estimated member share is $27 per covered adult.

(b) The resulting estimated premium assistance payment amount is then compared to the maximum contribution amount, which is the maximum amount the Division pays per insured adult toward employer-sponsored health insurance.

(c) If the estimated premium assistance payment amount is less than the maximum contribution amount, then the Division sets the actual premium assistance payment amount at the estimated premium assistance payment amount.

(d) If the estimated premium assistance payment amount is equal to or greater than the maximum contribution amount, then the Division sets the actual premium assistance payment amount at the maximum contribution amount.

(2) Estimated Member Share of Premium.

(a) The monthly premium amount for which premium assistance adults are responsible is determined as follows.

(i) If the family group's gross income is over 100 percent of the federal-poverty level, the premium is $27 per covered adult, except when a covered adult is eligible for MassHealth Standard or MassHealth CommonHealth. In this instance, the covered adult is not assessed a member share.

(ii) If eligibility is determined in accordance with 130 CMR 505.005(C), the person or couple is not responsible for paying a share of the premium if the family group's gross income is at or below 100 percent of the federal poverty level, or if there are children in the family receiving MassHealth and the family income does not exceed 150 percent of the federal poverty level.

(b) If the actual premium assistance payment amount is set at the maximum contribution amount, the member is responsible for payment of the remainder of the health insurance premium, which is the difference between the estimated premium assistance payment and the maximum contribution amount.

(3) Maximum Contribution Amount. The maximum contribution amount is the maximum amount, as determined by the Division, that the Division contributes per insured adult toward the policyholder's share of the health insurance premium when the health insurance plan is offered through a Division-approved billing and enrollment intermediary, or the Insurance Partnership agent.

(F) Calculation of Monthly Premium Amount for Adults Who Are HIV Positive. The formula for HIV-positive adults who are described in 130 CMR 505.005(D) is the same as the formula described at 130 CMR 506.012(E) except that the estimated member share is the same as the premium described at 130 CMR 506.011(I)(1). The maximum contribution amount is the maximum amount that the Division contributes per insured adult who is HIV positive.

(G) Termination of Health Insurance. If a member's health insurance terminates for any reason, the Division's premium assistance payments end.